

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/560098

FILING DATE

12-9-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1		1			
3						
4						
5	4		4			
6	4		4			
7						
8						
9	1		1			
10	1					
11			1			
12			1			
13			1			
14	1		5			
15						
16			1			
17	1		1			
18						
19	2		2			
20	1		4			
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50						
TOTAL IND.	13		13			
TOTAL DEP.	11		32			
TOTAL CLAIMS	24		45			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						